

Plans	Deductibles	Fixed dollar and percent Co-Payments	Out-of-Pocket Maximum (OOPM)
 <p>Blue Care Network of Michigan</p> <p><small>A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association</small></p> <p>Blue Care Network (BCN)</p>	<p>\$125 - Per Member \$250 - Per Family</p>	<p>\$20 - Office visits, referral physician visits, specialist care, and urgent care center services. \$200 - Emergency room services (waived if admitted)</p>	<p>\$2,000 - Per Member \$4,000 - Per Family</p>
 <p>Health Alliance Plan (HAP)</p>	<p>\$125 - Per Member \$250 - Per Family</p>	<p>\$20 - Office visits, referral physician visits, specialist care, and urgent care center services. \$200 - Emergency room services (waived if admitted)</p>	<p>\$2,000 - Per Member \$4,000 - Per Family</p>
 <p>Health Plus</p>	<p>\$125 - Per Member \$250 - Per Family</p>	<p>\$20 - Office visits, referral physician visits, specialist care, and urgent care center services. \$200 - Emergency room services (waived if admitted)</p>	<p>\$2,000 - Per Member \$4,000 - Per Family</p>
 <p>McLaren Health Plan</p>	<p>\$125 - Per Member \$250 - Per Family</p>	<p>\$20 - Office visits, referral physician visits, specialist care, and urgent care center services. \$200 - Emergency room services (waived if admitted)</p>	<p>\$2,000 - Per Member \$4,000 - Per Family</p>
 <p>Physicians Health Plan (PHP)</p>	<p>\$125 - Per Member \$250 - Per Family</p>	<p>\$20 - Office visits, referral physician visits, specialist care, and urgent care center services. \$200 - Emergency room services (waived if admitted)</p>	<p>\$2,000 - Per Member \$4,000 - Per Family</p>
 <p>Priority Health</p>	<p>\$125 - Per Member \$250 - Per Family</p>	<p>\$20 - Office visits, referral physician visits, specialist care, and urgent care center services. \$200 - Emergency room services (waived if admitted)</p>	<p>\$2,000 - Per Member \$4,000 - Per Family</p>

Plans	Preventive Services				
	Health Maintenance Exam	Annual Gynecological Exam	Pap Smear Screening	Immunizations	Well-Baby and Child Care
 <p>Blue Care Network of Michigan A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association</p> <p>Blue Care Network (BCN)</p>	Covered - 100%	Covered - 100%	Covered - 100% (lab only)	Covered - 100%	Covered - 100%
 <p>Health Alliance Plan (HAP)</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100% (up to 24 months of age)
 <p>The Right Plan for a Healthier YouSM Health Plus</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100% Please see summary for number of allowed well child visits with no Co-Pay.
 <p>McLaren Health Plan</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Physicians Health Plan (PHP)</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Priority Health</p>	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%

Plans	Inpatient - includes related surgical services	Outpatient - includes related surgical services	Certain Surgeries & Treatments	Sterilization	LASIK Surgery	Human Organ Transplant Procedures
 <p>Blue Care Network of Michigan A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association</p> <p>Blue Care Network (BCN)</p>	After deductible, covered - 100%.	After deductible, covered - 100%.	After deductible, covered - 100%.	Female sterilizations covered - 100%. Male sterilizations covered at 100% after deductible.	Not Covered	After deductible, covered - 100% in designated facilities and/or subject to medical criteria
 <p>Health Alliance Plan (HAP)</p>	After deductible, covered - 100%.	After deductible, covered - 100%.	Covered - \$1,000 Co-Pay - Bariatric Surgery & Related Services. One procedure per lifetime.	Female sterilizations covered - 100%. Male sterilizations covered at 100% after deductible.	Not Covered	After deductible, covered - 100%.
 <p>The Right Plan for a Healthier YouSM Health Plus</p>	After deductible, covered - 100%.	After deductible, covered - 100%.	After deductible, covered - 100%.	Female sterilizations covered - 100%. Male sterilizations covered at 100% after deductible.	Not Covered	After deductible, covered - 100%.
 <p>McLaren Health Plan</p>	After deductible, covered - 100%.	After deductible, covered - 100%.	After deductible, covered - 100% - Bariatric, Reduction Mammoplasty, Blepharoplasty of Upper Eyelids, Panniculectomy, Surgical Treatment of Male Gynecomastia, Sleep apnea treatment procedures. Prior approval required for some.	Female sterilizations covered - 100%. Male sterilizations covered at 100% after deductible.	Not Covered	After deductible, covered - 100%.
 <p>Physicians Health Plan (PHP)</p>	After deductible, covered - 100%.	After deductible, covered - 100%.	Bariatric Surgery - covered 10% coinsurance up to \$1,000 Co-Pay	Female sterilizations covered - 100%. Male sterilizations covered at 100% after deductible.	Not Covered	After deductible, covered - 100% in designated facilities
 <p>Priority Health</p>	After deductible, covered - 100%.	After deductible, covered - 100% - Prior approval required for certain radiology examinations.	Covered - 100%, Deductible applies - Bariatric, Skin Disorder Treatments, Reconstructive surgery, Varicose veins treatments, Sleep apnea treatment procedures. Prior approval required for some.	Vasectomy 100% in provider's office Or 100% in connection with other covered inpatient/outpatient surgery, Deductible applies. Tubal Ligation - See preventive care services for benefit and coverage level.	Not Covered	After deductible, covered - 100%. Prior authorization required.

2015-2016 Plan Year

Emergency Care - Medical and Accidental Injury

Hospital Emergency Room

Physician's Office

Urgent Care Facility

Ambulance - medically necessary

Plans



Covered - \$200 - Co-Pay (waived if admitted)

Covered - \$20 Co-Pay

Covered - \$20 Co-Pay

After deductible, covered - 100%.

Blue Care Network (BCN)



Health Alliance Plan (HAP)

Covered - \$200 - Co-Pay (waived if admitted)

Covered - \$20 Co-Pay

Covered - \$20 Co-Pay

After deductible, covered - 100%.



The Right Plan for a Healthier YouSM
Health Plus

Covered - \$200 - Co-Pay (waived if admitted)

Covered - \$20 Co-Pay

Covered - \$20 Co-Pay

After deductible, covered - 100%.



McLaren Health Plan

Covered - \$200 - Co-Pay (waived if admitted)

Covered - \$20 Co-Pay

Covered - \$20 Co-Pay

After deductible, covered - 100% (ground and air)



Physicians Health Plan (PHP)

Covered - \$200 - Co-Pay (waived if admitted)

Covered - \$20 Co-Pay

Covered - \$20 Co-Pay

After deductible, covered - 100%.



Priority Health

Covered - \$200 - Co-Pay (waived if admitted)

Covered - \$20 Co-Pay

Covered - \$20 Co-Pay

After deductible, covered - 100% (ground and air)

Maternity Services

Plans



Blue Care Network (BCN)

Pre-Natal and Post-Natal Care

Pre-Natal Covered - 100% - Post-Natal \$20 Co-Pay per visit

Delivery in Hospital

After deductible, covered - 100%.

Newborn Baby Care in Hospital

After deductible, covered - 100%.



Health Alliance Plan (HAP)

Pre-Natal Covered - 100% - Post-Natal \$20 Co-Pay per visit

After deductible, covered - 100%.

After deductible, covered - 100%.

The Right Plan for a Healthier You[™]
Health Plus

Covered - 100% - first visit may have Co-Pay

After deductible, covered - 100%.

After deductible, covered - 100%.



McLaren Health Plan

Pre-Natal Covered - 100% - Post-Natal \$20 Co-Pay per visit

After deductible, covered - 100%.

After deductible, covered - 100%.



Physicians Health Plan (PHP)

After deductible, covered - 100%.

After deductible, covered - 100%.

After deductible, covered - 100%.



Priority Health

After deductible, covered - 100%.

After deductible, covered - 100%.

After deductible, covered - 100%.

Plans	Diagnostic Services		
	Laboratory and pathology tests	Radiology Examinations and Laboratory Procedures (In a non-hospital facility)	Diagnostic tests and X-rays
 <p>Blue Care Network of Michigan A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association</p> <p>Blue Care Network (BCN)</p>	Covered - 100%	Radiology, after deductible, Covered - 100%. Laboratory covered 100%	After deductible, covered - 100%.
 <p>Health Alliance Plan (HAP)</p>	Covered - 100%	Radiology, after deductible, Covered - 100%. Laboratory covered 100%	After deductible, covered - 100%.
 <p>The Right Plan for a Healthier You™ Health Plus</p>	Covered - 100%	Covered - 100%	After deductible, covered - 100%.
 <p>McLaren Health Plan</p>	Covered - 100%	Radiology, after deductible, Covered - 100%. Laboratory covered 100%	After deductible, covered - 100%.
 <p>Physicians Health Plan (PHP)</p>	Covered - 100%	After deductible, covered - 100%.	After deductible, covered - 100%.
 <p>Priority Health</p>	Covered - 100%	After deductible, Covered - 100%. Prior approval is required for certain radiology examinations.	After deductible, covered - 100%.

Retail Pharmacy (30 days supply)

Mail Order Pharmacy (90-day supply)

Plans



\$10 – Tier 1 Generic/\$30 - Tier 2 formulary preferred/\$60- Tier 3 non-formulary. Includes contraceptives; Tier 1 contraceptives covered in full

\$20 – Tier 1 Generic/\$60 - Tier 2 formulary preferred/\$120- Tier 3 non-formulary. Includes contraceptives; Tier 1 contraceptives covered in full

Blue Care Network (BCN)



Health Alliance Plan (HAP)

\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary 30 day supply for non maintenance drugs at 1 copay - 90 day supply for eligible maintenance drugs at 2 copays

\$20 – Generic/\$60 - Brand-name formulary/\$120 - Brand-name non-formulary 90 day supply for both eligible maintenance and non maintenance drugs at 2 copays



The Right Plan for a Healthier You™
Health Plus

\$0 select generic maintenance/preventive/\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary (includes birth control pills)

\$0 select generic maintenance/preventive/\$20 – Generic/\$60 - Brand-name formulary/\$120- Brand-name non-formulary (includes birth control pills)



McLaren Health Plan

\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary (includes contraceptives)

\$20 – Generic/\$60 - Brand-name formulary/\$120 - Brand-name non-formulary (includes contraceptives)



Physicians Health Plan (PHP)

\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary (includes contraceptives)

\$20 – Generic/\$60 - Brand-name formulary/\$120 - Brand-name non-formulary (includes contraceptives)



Priority Health

\$10 – Generic/\$30 - Brand-name formulary/\$60- Brand-name non-formulary (generic contraceptives 100%)

\$20 – Generic/\$60 - Brand-name formulary/\$120 - Brand-name non-formulary (generic contraceptives 100%)

Plans	Alternatives to Hospital Care		
	Skilled Nursing Care in a nursing home	Home Health Care	Hospice Care
 <p>Blue Care Network of Michigan A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.</p> <p>Blue Care Network (BCN)</p>	After deductible, covered -100%. 120 days per benefit period - renews after 90 days outside of a skilled nursing facility	After deductible, \$20 copay	After deductible, covered - 100%.
 <p>Health Alliance Plan (HAP)</p>	After deductible, covered 100% for authorized services. 120 days per confinement.	Covered - 100% (Does not include PT/OT/ST) Up to 60 visits per benefit period	After deductible, covered - 100% (limited to 210 days per lifetime)
 <p>The Right Plan for a Healthier YouSM Health Plus</p>	After deductible, covered - 100%.	After deductible, \$20 copay	After deductible, covered - 100%.
 <p>McLaren Health Plan</p>	After deductible, covered - 100%.	After deductible, \$20 copay	After deductible, covered - 100%.
 <p>Physicians Health Plan (PHP)</p>	After deductible, covered - 100%.	After deductible, \$20 copay. Limit of 60 visits per plan year	After deductible, covered - 100%.
 <p>Priority Health</p>	After deductible, covered 100% (limited to 120 days per confinement)	After deductible; covered - 100%; \$20 Copayment per visit, (including Hospice Services, excluding Rehabilitative Medicine)	After deductible, covered - 100% (limited to 120 days per confinement)

Plans

Outpatient Psychiatric Services

Inpatient Psychiatric Hospital Services



Blue Care Network of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Blue Care Network (BCN)

After deductible, covered - 100%.

After deductible, covered - 100%.



Health Alliance Plan (HAP)

Covered - \$20 Co-Pay per visit

After deductible, covered - 100%.



The Right Plan for a Healthier You[™]
Health Plus

Covered - \$20 Co-Pay per visit

After deductible, covered - 100%.



McLaren Health Plan

Covered - \$20 Co-Pay per visit

After deductible, covered - 100%.



Physicians Health Plan (PHP)

Covered - \$20 Co-Pay per visit

After deductible, covered - 100%.



Priority Health

Covered - \$20 Co-Pay per visit

After deductible, covered - 100%. Prior approval required.

Plans	Outpatient Substance Abuse Care	Inpatient Alcoholism and Drug Abuse Care
 <p>Blue Care Network of Michigan A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association</p> <p>Blue Care Network (BCN)</p>	Covered - \$20 Co-Pay per visit	After deductible, covered - 100%.
 <p>Health Alliance Plan (HAP)</p>	Covered - \$20 Co-Pay per visit	After deductible, covered - 100%.
 <p>The Right Plan for a Healthier You™ Health Plus</p>	Covered - \$20 Co-Pay per visit	After deductible, covered - 100%.
 <p>McLaren Health Plan</p>	Covered - \$20 Co-Pay per visit	After deductible, covered - 100%.
 <p>Physicians Health Plan (PHP)</p>	Covered - \$20 Co-Pay per visit	After deductible, covered - 100%.
 <p>Priority Health</p>	Covered - \$20 Co-Pay per visit	After deductible, covered - 100%. Prior approval required.

Appliances & Prosthetic Devices (Leg Braces, Artificial Limbs,

Plans	Prosthetics & Orthotics	Durable Medical Equipment (Wheelchairs, Hospital Bends, Crutches, etc.)
 <p>Blue Care Network of Michigan A nonprofit corporation and Independent Licensee of the Blue Cross and Blue Shield Association.</p> <p>Blue Care Network (BCN)</p>	<p>Covered - 100%</p>	<p>Covered - 100%</p>
 <p>Health Alliance Plan (HAP)</p>	<p>Covered - for approved equipment based on HAP's guidelines. Includes, wigs up to a life max of \$300. Additional benefits for wigs are provided for children due to growth.</p>	<p>Covered - 100% for approved equipment based on HAP's guidelines.</p>
 <p>The Right Plan for a Healthier YouSM Health Plus</p>	<p>Covered - 100%</p>	<p>Covered - 100%</p>
 <p>McLaren HEALTH PLAN</p> <p>McLaren Health Plan</p>	<p>Covered - 100%</p>	<p>Covered - 100%</p>
 <p>Physicians Health Plan (PHP)</p>	<p>Covered - 100%</p>	<p>Covered - 100%</p>
 <p>Priority Health</p>	<p>Covered - 100%</p>	<p>Covered - 100%</p>

Plans	Vision screening	Eyeglasses
 <p>Blue Care Network of Michigan A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association</p> <p>Blue Care Network (BCN)</p>	<p>When performed in physician's office - Covered - 100% - \$20 Co-Pay may apply</p>	<p>Not Covered</p>
 <p>Health Alliance Plan (HAP)</p>	<p>Covered - 100% (\$20 office Co-Pay may apply)</p>	<p>Not Covered</p>
 <p>The Right Plan for a Healthier You™ Health Plus</p>	<p>Not Covered</p>	<p>Not Covered</p>
 <p>McLaren Health Plan</p>	<p>Covered - \$20 copay</p>	<p>Not covered</p>
 <p>Physicians Health Plan (PHP)</p>	<p>Covered - 100% - Limit 1 exam per calendar year</p>	<p>Not Covered</p>
 <p>Priority Health</p>	<p>Not Covered</p>	<p>Not Covered</p>

Plans	Hearing Services	
	Hearing Screening / Examination	Hearing Aids
 <p>Blue Care Network of Michigan A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association</p> <p>Blue Care Network (BCN)</p>	When performed in physician's office - Covered - 100% - \$20 Co-Pay may apply	Covered 100% - limited to one every 36 months (including binaural)
 <p>Health Alliance Plan (HAP)</p>	Covered - 100% (\$20 office Co-Pay may apply)	Covered 100% after deductible - authorized conventional hearing aids
 <p>The Right Plan for a Healthier You™ Health Plus</p>	Covered - 100%	Covered - 100%
 <p>McLaren Health Plan</p>	Covered - \$20 copay	Covered - 100%, one every 36 months
 <p>Physicians Health Plan (PHP)</p>	Preventive for newborns only; Covered - 100%	Covered 100% - limited to either one monaural to max benefit of \$880 or one binaural to a max of \$1600; every 36 months
 <p>Priority Health</p>	One hearing exam, one audiometric exam every 36 months. Exams covered 100%	One basic hearing aid per ear every 36 months. Covered 100% to a max. of \$500 per hearing aid

**Chiropractic Services
(Manipulations or adjustments; diagnostic radiological services; evaluation and treatment)**

Plans



Chiropractic spinal manipulation when referred by PCP, covered - \$20 copay after deductible.

Blue Care Network (BCN)



Covered - \$20 copay after deductible. Up to 24 visits per benefit period.

Health Alliance Plan (HAP)



Covered - \$20 Co-Pay per visit, after deductible, referral required



After deductible, \$20 copay

McLaren Health Plan



Covered - \$20 co-pay after deductible - Limit 20 visits per PY

Physicians Health Plan (PHP)



\$20 Copayment up to a combined benefit maximum of 30 visits per Contract Year.

Priority Health

2015-2016 Plan Year Plans	Other Services									
	Allergy testing and therapy	Nutritional & Health education and counseling	Mammography Screening	Temporomandibular Joint Syndrome (TMJS)	Orthognathic Surgery	Oral Surgery	Outpatient Physical, Speech and Occupational Therapy	Cardiac Rehabilitation and Pulmonary Rehabilitation	Infertility counseling and treatment	Private Duty Nursing
 Blue Care Network of Michigan <small>A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association</small> Blue Care Network (BCN)	Covered - 100% after deductible. Office visit copay may apply Allergy Injections - Covered 100%	Covered - 100%	Covered - 100%	After deductible, covered - 100%.	After deductible, covered - 100%.	After deductible, covered - 100%.	Covered - \$20 Co-Pay; limited to 90 visits per plan year	Covered - \$20 Co-Pay; limited to 90 visits per plan year	After deductible, covered - 100% (excludes in-vitro fertilization).	After deductible, covered - 100%. When authorized
 Health Alliance Plan (HAP)	Covered - 100% after deductible Injections - Covered - 100%	Covered - 100%	Covered - 100%	After deductible, covered - 100%. Limitations apply; check with plan for details	After deductible, covered - 100%. Limitations apply; check with plan for details	Covered for accidental injury after deductible. Limitations apply; check with plan for details	Covered - 100% up to 100 combined visits per benefit period. May be rendered at home.	After deductible, covered - 100%.	Covered - 100%	Covered - 100%
 Health Plus <small>The Right Plan for a Healthier You™</small>	Covered - 100% - after deductible \$20 Co-Pay may apply	Covered - 100%	Covered - 100%	Not Covered	After deductible, covered - 100%. Prior to age 21 for congenital defects.	Covered - 100% after deductible prior to age 21 for congenital defects	Covered - \$20 Co-Pay per day after deductible	Covered - 100%	Covered - 100%	After deductible \$20 Co-Pay per day.
 McLaren Health Plan	Covered - 100% - \$20 copay may apply	Covered - 100%	Covered - 100%	After deductible, covered - 100%. (Surgical Fees)	After deductible, covered - 100%. (Surgical Fees)	After deductible, covered - 100%.	\$20 copay up to combined max of 90 visits per year	After deductible, covered - 100%.	After deductible, covered - 100%.	Covered - 100%
 Physicians Health Plan (PHP)	Testing: Covered - 100% after deductible Injections/Therapy: Covered - 100%	Dependent on where services are received. Please see Certificate of Coverage.	Covered - 100%	Dependent on where services are received. Must meet criteria and medical necessity. Please see Certificate of Coverage.	Dependent on where services are received. Must meet criteria and medical necessity. Please see Certificate of Coverage.	As medically necessary such as injury from an accident. Removal of wisdom teeth is excluded. Please see Certificate of Coverage.	Covered - \$20 Co-Pay per visit limited to combined (with pulmonary) 60 visits per calendar year	Covered - \$20 copay per visit limited to 36 visits per calendar year	Covered - 100% after deductible - Limit 5 office visits & 3 diagnostic/surgical procedures per plan year.	Not Covered
 Priority Health	100% Coverage for testing, injections and serum. \$20 Copay may apply.	\$20 Co-Payment per visit - Up to six visits per Contract Year.	Covered - 100%	After deductible, covered - 50%.	After deductible, covered - 50%.	Covered - 100% for medical treatment, office copayment may apply, Deductible applies if performed in hospital - see Certificate of Coverage for details	\$20 Copayment up to a combined benefit maximum of 90 visits per Contract Year.	Covered - 100%	Covered - 100%	After deductible, covered - 100%.

Plans	Miscellaneous		
	Conversion Option	Pre-existing Condition	Worldwide Coverage (Emergency care only)
 <p>Blue Care Network of Michigan A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association Blue Care Network (BCN)</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Health Alliance Plan (HAP)</p>	Covered - 100%	Covered - 100%	\$200 Co-Pay (waived if admitted)
 <p>HealthPlus The Right Plan for a Healthier You™ Health Plus</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>McLaren HEALTH PLAN McLaren Health Plan</p>	Covered - 100%	Covered - 100%	Covered - 100%
 <p>Physicians Health Plan (PHP)</p>	Not Available	Covered - 100%	Covered - 100%
 <p>Priority Health</p>	Not Available	Covered - 100%	Covered - \$200 Co-Pay (waived if admitted)